

BPAS - Brighton

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Summary of findings

Letter from the Chief Inspector of Hospitals

BPAS Brighton is operated by The British Pregnancy Advisory Service. The British Pregnancy Advisory Service (BPAS) is a not-for-profit organisation with 44 registered locations and 21 satellite services across the UK. Services are commissioned to provide termination of pregnancy services, support, information, treatment and aftercare for patients seeking help with regulating their fertility and associated sexual health needs. BPAS Brighton is a nurse led service with medical input, which provides early medical abortion (abortion pill), medical abortion and surgical termination treatments. The clinic also provides counselling and tests for sexually transmitted infections (STI) and contraceptive services.

BPAS Brighton has two admissions rooms, one treatment room, one screening room and five consulting rooms. There are also four day care beds used for recovery and discharge. There were four overnight beds, which were not currently in use and the management advised late medical terminations are no longer available at this location.

BPAS Brighton has three outreach satellite clinics, we visited two of these. The satellite clinics provide: medical terminations, counselling, STI screening and contraception.

BPAS Eastbourne undertakes consultations only and has two rooms, one for consultation and one for screening.

BPAS Bognor Regis has two rooms, one for consultation and one for screening and treatments of early medical abortions up to 10 weeks.

Regulation 20 of the Health and Social Care Act 2008 Care Quality Commission (Registration) Regulations 2009 applies to all non NHS bodies that carry out a termination of pregnancy. Regulation 20 sets out the specific legal requirements in relation to termination of pregnancy that must be met. In addition, every independent place where treatment for termination of pregnancy is carried out must be an approved place and is required to follow all (28) of the Department of Health's Required Standard Operating Procedures (RSOPs).

BPAS Brighton provide the following services

- Pregnancy Testing
- Unplanned Pregnancy Counselling/Consultation
- Medical Abortion
- Surgical Abortion General Anesthetic
- Surgical Abortion Local Anesthetic/conscious Sedation
- Abortion Aftercare
- Miscarriage Management
- Sexually Transmitted Infection Testing and Treatment
- Contraceptive Advice
- Contraception Supply

The main service provided by BPAS Brighton was medical and surgical termination of pregnancies. Where our findings on BPAS Brighton for example, management arrangements – also apply to the satellite services BPAS Eastbourne and BPAS Bognor Regis, we do not repeat the information but cross-refer to BPAS Brighton.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection to BPAS Brighton on 06 February 2018 and visited the satellite clinics, BPAS Eastbourne and BPAS Bognor Regis, on 06 and 08 February 2018.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Summary of findings

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we do not rate

We regulate termination of pregnancy, but we do not currently have a legal duty to rate them when they are provided as a single specialty service. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- Patients said they were treated with compassion, kindness, dignity and respect.
- Staff told us they considered one of their attributes was being a good team which worked well together. As a team they also worked with other health professionals when needed, to provide a multidisciplinary approach to patient care. Staff were consistent in their view that the best thing about their job was the care they provided for patients.
- BPAS had systems and processes to monitor all incidents and complications and took a positive approach to learning from the location and wider company experiences.
- We saw records which showed that BPAS Brighton staff were monitored to ensure they were in date with the required mandatory training for their role.
- Patients who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.
- Equipment in use was routinely serviced to ensure its safety. We were also told that requests for alternative equipment by the surgeon and staff was considered and provided.
- BPAS had a planned programme of audit and monitored performance monthly using a clinical dashboard.
- The satellite services provided early medical termination services and consultations to the wider rural geography of the area. Every effort was made to support patients to receive treatment in a local/convenient place and ensure that priority was given to later gestational age to ensure treatment was within timescale.
- Patients' needs were assessed and care and treatment was planned and delivered. Arrangements for those patients with learning disability, or complex needs were available.
- Patients who use the service, their representatives and staff were asked for their views about their care and treatment and their comments were acted on.

However, we also found the following issues that the service provider needs to improve:

- The management of controlled medicines was not consistently safe with some medicines left unsupervised.
- BPAS Brighton did not notify CQC when serious incidents occurred; this is not in line with Regulation 18 of the Health and Social Care Act.
- Records were organised and stored safely at BPAS Brighton, however records for the satellite clinics were not secure at all times and were at risk of compromise to patient confidentiality.
- Systems to summon help were not available in the treatment room and had the potential to place patients at risk.
- Patient confidentiality was not well managed in all areas of the service, with patient list and records left accessible.
- Minimum staffing levels in the treatment room were not locally risk assessed to ensure safety.
- Staff did not have any training to support their role in an emergency with young people. Staff did not receive training to specifically recognise the signs, and act appropriately, if the condition of a young woman aged between 13 and 18 years health starts to deteriorate.
- Staff did not receive additional training to support young women of less than 18 years of age with mental health needs.
- The provider did not ensure that patient group directions (PGDs) for cervical preparation included all relevant information.
- The provider did not monitor or promote review of risks related to multiple visits.

Summary of findings

- Staff including the registered manager were not familiar with the Department of Health Required Standard Operating Procedures (RSOP) for termination of pregnancy (2013).

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with four requirement notices. Details are at the end of the report.

Amanda Stanford
Interim Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Termination of pregnancy

Rating Summary of each main service

We regulate this service but we do not currently have a legal duty to rate when it is provided as an independent healthcare single speciality service. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary. We have a duty to rate this service when it is provided as a core service in an independent hospital.

Summary of findings

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BPAS - Brighton

Services we looked at

Termination of pregnancy

Summary of this inspection

Background to BPAS - Brighton

BPAS Brighton is operated by The British Pregnancy Advisory Service. The service opened 1968 and includes the satellite sites of BPAS Eastbourne, BPAS Crawley and BPAS Bognor Regis. BPAS Brighton is contracted by clinical commissioning groups to provide termination of pregnancy services, support, information, treatment and aftercare for people seeking help with regulating their fertility and associated sexual health needs.

BPAS also provide a treatment and consultation unit in Eastbourne, Bognor Regis and Crawley to cover West Sussex patients, no treatment is available at BPAS Eastbourne.

We did not visit BPAS Crawley during this inspection.

The service provides the regulated activities of:

- Diagnostic and screening procedures
- Family planning
- Surgical procedures
- Termination of pregnancies
- Treatment of disease, disorder or injury

BPAS Brighton is a stand-alone unit in a central town location, consisting of consulting and treatment rooms solely occupied by BPAS. It is well served by public transport. The unit is open from 8am to 4pm Tuesday to Friday and 9am to 3pm on Saturday. The service provides consultation and treatments including surgical

procedures up to 14 weeks' gestation and medical treatments up to 14 weeks' gestation. Treatments include conscious sedation and local anaesthetic, early medical abortion, and various STI checks. Late medical abortions were provided but we were advised by the registered manager that this service above 14 weeks is no longer available at this location.

There is no age limit for the service provided. This meant young people under the age of 18 would be seen and treated at all sites.

Appointments for BPAS Brighton and satellites are booked via the BPAS Contact Centre, which is a twenty four hour, seven days, a week service for telephone booking and information. Patients can self-refer, as well as through traditional referral routes. Women are able to choose their preferred treatment option and location, subject to their gestation and medical assessment.

The location has had a registered manager in post since 2013.

BPAS Brighton had been granted a licence from the Secretary of State to provide termination of pregnancy services in accordance with The Abortion Act 1967. We saw this licence was in date and displayed in the main reception area of the clinic and in both satellite locations.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector and another CQC inspector. The inspection team was overseen by an inspection manager and a Head of Hospital Inspection.

Information about BPAS - Brighton

Between 01 November 2016 to 31 October 2017 BPAS Brighton and its satellites had undertaken 1816 early medical abortions (EMA). BPAS Brighton has undertaken 1480 surgical abortions up to 14 weeks' gestation. During the same timescale the service had undertaken two

terminations after 20 weeks gestation. These were late medical abortions and were no longer undertaken at the service at the time of our inspection. Vasectomy services had also been discontinued at this location.

Summary of this inspection

There were eight young women aged between 13 and 15 years old treated in the last 12 months. No young women below the age of 13 years were treated.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The most recent inspection took place in November 2015 and the outcomes were shared with the provider.

One doctor was employed full time with seven shifts in the last year covered by locum staff. BPAS Brighton and its satellite services employed eight registered nurses, 67 shifts were covered with agency staff in the previous year. The accountable officer for controlled drugs (CDs) was the registered manager.

Track record on safety for 2017:

- No Never events
- There were no major surgical complications.
- There was one major medical complication.
- There was one not transfused haemorrhage following surgical abortion; and two haemorrhages, one transfused and one not, following medical abortion.
- Seven complaints

A telephone counselling service was available 24 hours per day, seven days per week. A BPAS trained counsellor was available for face to face consultations on each day the clinics were open.

Services provided under a service level agreement included:

- Clinical and or non-clinical waste removal
- Central sterilisation services
- Maintenance of medical equipment
- Security of the grounds
- Interpreting services
- Transfer to local trust agreement

During the inspection, we visited BPAS Brighton, BPAS Eastbourne and BPAS Bognor Regis. We spoke with 16 staff including; registered nurses, health care assistants, reception staff, medical staff, operating department practitioners, agency staff, and senior managers. We spoke with three patients and observed six consultations. We also received three 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed 25 sets of patient records.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found the following issues that the service provider needs to improve:

- Clinical incidents and near misses were recorded for BPAS Brighton. A risk status was calculated but no actions or review date was included to establish when actions should be completed.
- The management of controlled medicines was not consistently safe.
- BPAS Brighton did not notify CQC when serious incidents occurred; this is not in line with Regulation 18 of the Health and Social Care Act.
- The provider did not ensure that patient group directions (PGDs) for cervical preparation included all relevant information.
- Consideration was not given to each patient's weight when prescribing some medicines, this may place patients at risk of having too much of the medicine.
- There a low number of notes reviewed each month to ensure management had a good oversight of the location.
- Records were organised and stored safely at BPAS Brighton, however records for the satellite clinics were not secure at all times.
- We observed that the checklist for glucose, general drugs and intravenous fluids was not consistently completed on the treatment room daily monitoring log.
- Systems were not in the treatment room to summon help when needed.
- Minimum staffing levels in the treatment room were not risk assessed locally to ensure safety.
- There were inconsistent processes to ensure emergency equipment was checked daily in the operating treatment room.
- We saw that most staff followed national guidance of hand hygiene and were bare below the elbows. However, the surgeon wore a long sleeved treatment room cardigan while they were carrying out surgical terminations.

However, we found the following areas of good practice:

- BPAS had systems and processes to monitor all incidents and complications.

Summary of this inspection

- We saw records which showed that BPAS Brighton staff were monitored to ensure they were in date with the required mandatory training for their role
- Patients who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the risk of abuse and prevent it from happening.
- Equipment in use was routinely serviced to ensure its safety. We were also told that requests for alternative equipment by the surgeon and staff was considered and provided.

Are services effective?

We found the following areas of good practice:

- The service referenced the Royal College of Obstetricians and Gynaecology (RCOG) guidelines and DoH Required Standard Operating Procedures.
- BPAS had a planned programme of audit and monitored performance monthly using a clinical dashboard.
- BPAS had various competency frameworks in order to support the training and development of staff. This was to ensure that standards were maintained.
- Staff said they considered one of their attributes was being a good team which worked well together. Staff worked with other health professionals when a multidisciplinary approach to patient care was required.
- The BPAS consent policy was followed by staff to ensure informed patient consent was given through each part of the treatment pathway.

However: we found the following issues that the service provider needs to improve:

- Patient confidentiality was not well managed in all areas of the service. A patient list and records were left accessible.
- A new record was produced for each patient's attendance at a clinic. These were not able to be linked so each clinic could not see if a patient had attended another clinic. This meant the records did not promote review of risks related to multiple visits.
- Patient discussion was not consistently managed in a confidential manner. We observed recovery nurses speaking loudly to patients on the other side of the room, within easy hearing of the other patients in the room.
- RSOP14 defines a trained pregnancy counsellor as someone trained to Diploma level. BPAS training did not reach Diploma level.

Summary of this inspection

- Staff did not have any training for young women less than 18 years of age and while they may have had experience they did not receive any training to provide care for persons of this age group undergoing a termination of pregnancy.

Are services caring?

We found the following areas of good practice:

- Patients said they were treated with kindness, support, compassion, dignity and respect.
- Patients told us information had been provided at each visit and felt included and involved in all aspects of their treatment and care.
- Patients' individual emotional needs were supported by staff that provided impartial, non-judgemental support and advice.

However: we found the following issues that the service provider needs to improve:

- Staff were required to make women aware that the contents of the HSA4 form (part of the legal process for terminations) was used to inform the Chief Medical Officer of termination of pregnancy and was used for statistical purposes by the Department of Health. We did not see this as part of consultations.

Are services responsive?

We found the following areas of good practice:

- Every effort was seen to be made to support patients to receive treatment in a local/convenient place and ensured the priority was given to women presenting at a later gestational age to ensure treatment was within timescale.
- Data showed that telephone consultations had been used to shorten waiting times at BPAS Brighton
- The provider had developed pocket sized reference cards which staff could use to risk assess patients with pre-existing conditions to ensure that treatment would be safe.
- Women's' needs were assessed and assistance for those patients with learning disability, or complex needs was available.
- There were pathways available for those seeking abortion for fetal abnormality.
- Processes to gather patient feedback and complaints, enabled review for learning.

However: we found the following issues that the service provider needs to improve:

Summary of this inspection

- Procedures were carried out within five working days of the decision to proceed. The total time from access to procedure in some cases exceeded 10 working days. There was no monitoring of any patients who, because of the wait exceeded the nine weeks for a simultaneous early medical abortion, and therefore reduced their options to do this.
- Staff did not receive any mental health training to support adults or young women.

Are services well-led?

We found the following areas of good practice:

- Staff told us managers were available and approachable, and felt able to raise any issues or concerns.
- Staff were consistent in their view that the best thing about their job was the care they provided for people.
- The provider had an effective system to identify, assess and manage risks to the health, safety and welfare of patients using the service and others.
- Patients who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

However: we found the following issues that the service provider needs to improve:

- Staff including the registered manager were not familiar with the Department of Health required standard operating procedures (RSOP) for termination of pregnancy (2013)

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are termination of pregnancy services safe?

Incidents and safety monitoring

- BPAS had safe systems to monitor incidents and complications. These were reported by staff through an electronic reporting system. The process for reporting, investigating and learning from adverse events and near misses was covered in the Patient Safety Incidents Policy.
- Clinical incidents and near misses were recorded for BPAS Brighton. These included transfer of a patient to the local acute trust, medication management error, incorrect procedure followed for termination, unsuitability of a patient, incorrect administration of an EMA and incorrect recording of rhesus status. We saw that all incidents were logged on an overview spreadsheet but did not include an action plan to evidence how changes were being addressed.
- Staff confirmed they received feedback from incidents. If a serious incident occurred at another location the learning would come to all locations and staff would need to sign to say they had read it. A further memorandum would be circulated to staff to highlight any changes in practice.
- Incidents were reviewed by the organisation's risk lead and the regional operations manager. Serious incidents requiring investigation had a root cause analysis investigation completed by staff with training for this role. The findings and recommendations were shared throughout the organisation at all levels. We saw an example of when learning from another location had been used to change and improve safety at BPAS Brighton.
- Incidents were reviewed for trends or reoccurring themes, and outcomes shared with local services where required. We looked at the regional meeting minutes for

January, July and September 2017 which reviewed serious incidents and investigation outcomes were recorded. Action plans, learning and safety improvements were discussed.

- BPAS Brighton did not notify CQC when serious incidents occurred. This was not in line with Regulation 18 of the Health and Social Care Act. We saw that no notifications had been received since 2016 despite serious incidents being recorded.
- The registered manager had received training in root cause analysis, which is a method used to investigate incidents. No staff training was provided about reporting incidents or duty of candour, but duty of candour was included in the incident policy.
- The service had recorded three medicine errors. These included when a patient tested as rhesus positive received anti-D in error, this related to unclear recording. Two errors occurred when medicines were administered prior to the HSA1 form being completed. This was caused in part by the use of PGD's without the doctor prescribing the medicine. All errors had been investigated and we saw evidence that learning from the incidents had improved practice at the service.
- The management of controlled medicines was not consistently safe. We observed that some controlled medicines were removed from the main stock cupboard and then left unattended in the treatment room for periods of time. This meant that they could be picked up, lost or broken. This does not follow BPAS own medicines policy and is not good or safe practice, we raised this with the registered manager at the time of inspection. This was not reported as an incident to develop learning.
- Duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that

Termination of pregnancy

person. Staff had varied knowledge and understanding of duty of candour in relation to patient safety incidents. Staff were not all familiar with the term and other than the registered manager could not give us any examples of when duty of candour had been applied.

Mandatory training.

- Mandatory training was provided for all staff to ensure staff had the skills to meet patient's needs. The level of compliance was expected to be 100% but BPAS accepted 90% to allow for absence and newly started staff. Records showed that BPAS Brighton staff were monitored to ensure they were in date with the required mandatory training for their role. This included health and safety (73%), infection control (90%), basic/intermediate life support (90%), safeguarding children and vulnerable adults (100%) and information governance (90%).
- The treatment doctor and lead midwife had both completed immediate life support training while the healthcare assistants had completed basic life support training. This was in accordance with their corporate policy (Resuscitation and Anaphylaxis Management, version 7, 2016). Agency staff confirmed they had completed immediate life support training.

Safeguarding

- Patients who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the risk of abuse and mitigate the risk of it happening. BPAS Brighton complied with the Department of Health Required Standard Operating Procedure 7, to have policies and systems to promote the safety of young people. Staff had been appropriately trained to safeguard young women. All Brighton staff undertook the BPAS safeguarding vulnerable groups training every two years, and an introduction to safeguarding was included on the BPAS Induction training, which all staff attended.
- The national guidance (Intercollegiate Document, 2014) recommends staff should be trained to one of five levels of competency, depending upon their role and interaction with young people.
- Staff training records showed all nurses and the doctor had in date training to level three. The administration staff also had level three training. The BPAS Brighton registered manager, was the designated member of staff responsible for acting upon adult or child safeguarding

concerns locally. Their role also included co-ordinating action within the unit, escalating to the lead nurse for safeguarding or the safeguarding lead group as necessary. The registered manager was trained to level three safeguarding.

- The safeguarding group allocated by the provider was accessible for advice by telephone and email. The group were responsible for providing more expert advice and ensuring services met the statutory requirements to safeguard children and vulnerable adults from abuse, were trained to level five.
- The provider responded appropriately to any allegation of abuse. Staff had a clear understanding of what types of issues might alert them to make a safeguarding referral and the processes to follow. Safeguarding prompter questions were part of each patient's clinical assessment. A person aged 13 years or less was referred to the local authority and the patient's information was escalated to senior staff. A further process had been implemented to establish if the patient had a social worker and contact them before treatment was agreed. For patients between the age of 14 and 18 a risk assessment was undertaken and any concerns referred to the lead safeguarding person and safeguarding team for review and advice.
- The registered manager was responsible for the development and regular review of the local adult and child protection procedures, ensuring these were in line with the BPAS policies and procedures on: Safeguarding and Management of Patients Aged Under 18; Protection of Vulnerable Adults, Domestic Abuse; and with any additional guidance from the Local Safeguarding Children Board. The Registered Manager had taken learning from another location to develop a check sheet for staff to complete for each young person visit. The check sheet supported staff to identify if there were any additional risks or whether staff had noted areas of concern. A further 'under 18' sticker was placed on each file to alert staff to extra diligence.
- Nurses told us they encouraged and supported patients aged 16 years and younger to discuss issues with their parents or legal guardians. Each younger patients after care and post-surgical care was considered and checked to ensure there was a responsible adult available to provide support.
- Staff training about female genital mutilation (FGM) was provided as part of the overall safeguarding mandatory

Termination of pregnancy

training. Staff understood the law with regards to FGM and mandatory responsibilities to report to the police if identified in patients aged below 18 years. FGM questions had been incorporated into risk assessments.

Cleanliness, infection control and hygiene

- Processes were mostly followed to minimise the risks of contracting or spreading infection. We saw that most staff followed national guidance of hand hygiene and were bare below the elbows. However, the surgeon wore a long sleeved garment while they were carrying out surgical terminations. This was not in line with their corporate policy or with national guidance. Nursing staff wore personal protective equipment such as aprons and gloves when carrying out ultrasound scans and point of care testing procedures. We saw that staff washed their hands or used antimicrobial hand gels as applicable before and after patient contact.
- Staff demonstrated understanding of their responsibilities for infection prevention and control. At the BPAS Bognor Regis location, we reviewed audits for compliance with infection prevention and control measures for September, October and November 2017. The audit consisted of observation of five procedures for each month and looked at staff compliance with wearing gloves, aprons and hand washing practice. The audit demonstrated 100% for each of the three months. Hand hygiene audits prior to patient contact were completed by BPAS and showed full compliance.
- The environment in all areas of BPAS Brighton was visibly clean. We did not find any dust in difficult to reach areas. BPAS staff cleaned all equipment between patients and at the end of the day. We saw there were checklists in patient and staff toilets designed to demonstrate when these were cleaned. However, these were not always completed. We noted that the check list in the staff toilet and changing room was not completed on 5 February when we visited the Brighton location.
- Environmental audits demonstrated effective cleaning practices at the Brighton location. The premises were cleaned by a BPAS employed cleaner daily and audit results demonstrated staff cleaned the treatment room before it use. However, at the satellite locations (Eastbourne and Bognor Regis), the cleaning of the premises were undertaken by staff employed by the

health centres where the clinics were located. While the premises looked visibly clean, the service did not have any assurances of effective cleaning regimes such as audit results.

- There was inconsistent practice around cleaning equipment. There was not consistent evidence of staff using a green 'I am clean' label on equipment. This meant staff could not be ensured all equipment was clean and ready for use at all times unless they cleaned it themselves before using the equipment. We saw the freezer in a utility room at the Brighton location was visibly contaminated with bodily fluids; no records of freezer cleaning were evident.

Environment and equipment

- Equipment in use was routinely serviced to ensure its safety. We were also told that requests for alternative equipment by the surgeon and staff were considered and provided. There were effective systems to ensure the maintenance and annual service of medical devices. An asset register was maintained to oversee the service plans for all equipment.
- The maintenance of facilities and premises kept patients safe. BPAS owned and were responsible for the maintenance and upkeep of the premises in Brighton. We found that the environment was suitable for the purposes they were used. There was key code access to the operating treatment room although this could be accessed through the recovery suite where access was not restricted. BPAS did not own the premises used for the satellite locations in Eastbourne and Bognor Regis. We found the rooms used at Eastbourne were very small, lacked natural light and were not suitable for patients using wheelchairs.
- There was no manual handling equipment to assist patients with disabilities to transfer on and off the operating trolley in the treatment room. However, there was good provision for access to the building and a lift for patients to use if they were unable to use the stairs.
- The safety of patients with mental health risks was not considered. Ligation points were evident but not risk assessed to ensure the safety of patients at risk of suicide.
- There were inconsistent processes to ensure emergency equipment was checked daily in the treatment room. This meant equipment may not be in place when required. Surgical procedures were available on Tuesday (local anaesthetic) and Thursdays (conscious

Termination of pregnancy

sedation). Staff confirmed they were required to check the emergency equipment on the days when there were patients booked in for surgical terminations. However, we were told that the emergency trolley may not always be checked when patients were booked in for surgical terminations under local anaesthesia.

- We looked at compliance with daily checklists on Tuesdays and Thursday between November 2017 and end of January 2018 (22 days excluding 19 December, 21 December, 26 December and 28 December 2017). We found the majority of checks were completed, however there were three days where the emergency equipment had not been checked. The emergency trolley had not been checked on eleven days out of 22 days, the glucose machine was not checked on two days and the general drugs on three Tuesdays when they should have been. This meant that when needed in an emergency the equipment may not be available.
- Checking of the resuscitation trolley was not consistent and placed patients at risk. There was a separate checklist for the resuscitation trolley. This demonstrated the resuscitation trolley was checked on most Tuesdays and Thursdays between 21 November 2017 and 20 January 2018. However, the trolley was not checked on two occasions in that time. We checked the resuscitation trolley in the treatment room during the inspection on Thursday 8 February 2018 and found there was no forceps and no 50 mls syringe in the drawer where there should have been. Checklists were not up to date.
- Clinical waste management and sharps management policies were in date. All surgical equipment was either single use and then disposed of or surgically sterilised equipment was provided from an external supplier then returned for re sterilisation. We saw stocks of surgical equipment were in date and stored appropriately. There was a service level agreement with a nearby private hospital for the decontamination and sterilisation of surgical instruments.
- There were safe systems for disposal of sharp instruments. Staff disposed safely of sharps in designated sharps boxes. These were not over filled and mostly closed between use. However, we saw one sharps bin mounted on the wall behind a reclining chair in the recovery suite, where the lid was not closed.

- Policies and procedures were understood by staff with regards to clinical waste management. The disposal of pregnancy remains was managed in line with the Royal College of Obstetricians and Gynaecologists (RCOG) recommendations.
- The premises at BPAS Brighton were secure. The reception area faced the entrance door, which was staffed when the clinic was open. Patients and those accompanying could not enter the building without seeing reception staff and identifying who they were. The building was secured and alarmed out of hours and systems alerted the on call member of staff should there be any issues.
- The premises at BPAS Eastbourne and BPAS Bognor Regis were each part of a health centre and so managed securely within those locations. These locations had lockable storage available for medicines. All other records were delivered by secure courier and so did not require secure storage. There was no access to emergency call bells in the rooms of the satellite locations.

Medicine Management

- BPAS Brighton had a Medicines Management Policy and Procedure. This complied with the standards laid down by the relevant professional bodies, for example the Nursing and Midwifery Council (NMC), the General Medical Council (GMC) and the Health Professions and Care Professions Council (HCPC). This policy and procedure addressed the responsibilities of staff in relation to controlled drugs. The Registered Manager was the person responsible for appropriately managing controlled drugs at BPAS Brighton, and ensuring staff adhered to the Medicines Management Policy.
- Systems to order, receive, store and dispose of medicines were seen to be safe and well organised. An audit trail of all medicines ordered, supplied and received was maintained. When ordering controlled drugs via head office, clinics were required to complete a form to obtain controlled drugs. The form was checked by a registered nurse or midwife (recognised as an authorised signatory in the Purchasing Department) and countersigned by a registered manager.
- A medicine check record was kept to ensure medicines practice was audited. This documented the amount of each medicine counted (number of tablets / capsules / ampoules). This was signed by the checker each time. Keys were carried by a registered nurse and cupboards

Termination of pregnancy

were locked. We checked expiry dates and while most drugs were in date we found a box of medicines in the medicine cupboard in the treatment room that had expired. We told the lead midwife who took immediate action to replace the medicine.

- There were processes to monitor the safety of medicines which required fridge storage. Staff monitored fridge temperatures daily at the Brighton and Bognor Regis location and were all within safe limits.
- Systems were clear to ensure medicines were managed safely during procedures. The treatment surgeon drew up medicines used for local anaesthesia. Drugs were drawn up from single use ampules and labelled to ensure medicines could not be mixed up. Medicines were drawn up for five patients at a time but they were all labelled and organised. This practice was in line with corporate policy (Medicines Management Policy and Procedure, version 5, 2017).
- Controlled liquid medicines were disposed of securely and safely. Staff recorded the dose and volume of medicine administered to the patient and the dose and volume of medicine that was disposed. Staff disposed of the controlled liquid medicine in pharmaceutical waste containers.
- Medicines on the resuscitation trolley were in pre-filled tamper evident packaging and they were all in date. There was a separate box for medicines used if patients suffered a severe allergic reaction. Staff highlighted the expiry date on medicines that were due to expire within six months to ensure these were checked and replaced as required. This was in line with the corporate policy (Medicines Management Policy and Procedure, version 5, 2017)
- BPAS Brighton used patient group directions to enable nurses to safely administer some designated medicines. Patient group directions (PGDs) are written instructions to enable staff to supply or administer medicines to patients, in planned circumstances. Those nurses and midwives who have received training in the supply/administration of medicines according to a patient group direction (PGD). Only registered medical practitioners are legally permitted to prescribe medicine that is intended to procure a miscarriage. Misoprostol (a medicine used to induce medical abortion) can only be supplied or administered under a patient group direction for indications other than to induce an abortion, including to manage retained products of conception and for the purpose of cervical priming.

- We saw that not all relevant patient group directions for cervical preparation prior to surgical abortion/termination included direction for staff to check that HSA1 forms have been completed. The relevant PGD appendix also did not include surgeons preferences to ensure clear information for all staff to follow.
- Each BPAS unit had access to the correct sharps bins for the disposal of particular medicines and vials and syringes containing residual amounts of pharmaceuticals.
- BPAS was in the process of applying for Home Office Drug Licences for all relevant locations and had written confirmation that the Home Office had agreed for BPAS Brighton to continue to hold controlled drugs during the application process.
- Consideration was not given to each patient's weight when prescribing some medicines. This presented the risk of patients of having too much of the medicine. Paracetamol dosage was not adjusted to ensure the correct dosage according to age and when body weight was below 50 kilograms. We did not see any evidence that paracetamol dosages were adjusted for young people or small adults.

Records

- Patient information and records were maintained securely at BPAS Brighton but systems were not secure at the satellite locations. We reviewed 25 patient records. Records were organised and included relevant completed risk assessments, personal details, allergies, medical history, observations, ultrasound pictures, consent, and treatment and care action plans.
- Records for the satellite clinics were not secure at all times. Records were secure couriered out to each satellite on the day of the clinic opening. At the end of each day the nurse would put them back in the locked box and then take them home until they were next at the BPAS Brighton location. This was not a secure process and alternative processes were being considered to improve record security.
- Access to a cupboard at BPAS Eastbourne was not secure. We reported this to the registered manager at the time of inspection who assured us this would be addressed immediately and confirmed an alternative cupboard would be used.
- A low number of records were reviewed across the three locations in relation to how many patients were seen.

Termination of pregnancy

No consideration was given to a percentage seen in relation to overall total to ensure that the view taken was suitably informed. Case notes were reviewed at BPAS Brighton by the registered manager and the results forwarded to the head office. A minimum of five sets of notes were reviewed each month, these five sets of notes included notes from three satellites. We saw that issues identified in the November and December 2017 audits were emailed back to the BPAS Brighton teams and learning taken from them.

- There were systems to make sure the legal requirements relating to a termination of pregnancy were documented in records. We reviewed 25 patient records and saw each had been appropriately documented. Each stage of the care pathway for termination of pregnancy was linked to a specific BPAS IT system. As part of the Abortion Regulations 1991, the regulations set out the forms to be used. HSA1 forms are required to be completed by two registered medical practitioners. The forms had to be fully completed following a patient consultation and before the termination could proceed. The 25 patient records seen had the HSA1 forms and included the required two signatures and the reason for the termination. Head office and the registered manager reviewed the records to ensure their completion. In the event of IT failure, services reverted to paper records and secure fax. This had not happened and so no evidence was available of how this had worked. HSA4 forms were required in line with legislation to be submitted to the Department of Health. We saw on the electronic record this had been completed.

Assessing and responding to patient risk

- Processes supported risk assessing to ensure appropriate care was provided and identified risks mitigated. BPAS Brighton and its satellites were a nurse led service with medical staff for surgical procedures. We observed five patient consultations and spoke with five registered nurses to review these processes. Staff told us they used BPAS clinical guidance to assess the suitability of each patient for either a medical or surgical termination procedures and consider which would be appropriate. Nursing staff considered existing medical conditions and medical staff reviewed each patient's assessment before prescribing treatment.
- Processes were followed by all staff to maintain the safety of patients. Medical staff were based at BPAS Brighton for a local anaesthetic list and a conscious sedation list each week. Nurses and healthcare assistants escalated patient risks and concerns to medical staff for their assessment. At any time doctors could be contacted by phone or email to discuss any concerns or questions. A rota of each doctor's availability was maintained at the service.
- Care and treatment was planned and delivered in a way which ensured women's safety and welfare. The service saw 1480 patients who underwent surgical abortion and who were risk assessed for VTE in the last 12 months. Early medical abortion (up to 64 days) at BPAS was offered in two stages. Following the administration of oral drugs, patients returned after 24-48 hours for the administration of the second dose. Simultaneous administration of medications or extension to 72 hours was offered at less than 63 days gestation. Most women were discharged after the second administration to complete the medical abortion at home.
- These treatments required adequate follow-up to determine if the abortion has been successful. All women undergoing EMA have follow up, whether at a BPAS unit for an ultrasound scan, or self-assessment with a low sensitivity pregnancy test and symptom checklist. However, if they did not contact the service to advise of the outcome, there was no means for the BPAS unit to know if the abortion had been successful.
- Records and data showed for January to August 2017 there was a higher risk of complications when a simultaneous early medical abortion (EMA) had been undertaken. For EMA of gestation of less than 64 days there were 14 major complications and 828 minor complications. Levels of complications were benchmarked according the RCOG guidelines. However the benchmarking and governance of simultaneous early medical abortion was monitored internally by BPAS.
- For EMAs which did not have simultaneous medicines, there were no major complications and 22 minor complications identified. This equated to 3% of total EMAs. For medical abortion of more than 70 days gestation there were 3 major complications and 60 minor complications which equated to 5% of the total. For the medical terminations between 10 – 24 weeks there were no major complications and 23 minor ones which was 21% of the total.
- The service offered surgical termination of pregnancy under local anaesthesia for gestation less than nine weeks. The service also offered surgical termination of

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pregnancy under conscious sedation. Patients receiving conscious sedation remain awake during the procedure but received a sedation and effective opioid analgesia. Staff spoke with the patients throughout the procedure which is an effective method to monitor the level of sedation the patient has received. Staff undertook regular observation of vital signs such as blood pressure, heart rate, respiratory rate and oxygen saturation using pulse oximetry (a small medical device). This was in line with guidance from the Royal College of Anaesthetists: Guidance on the provision of sedation services, 2016.

- Midazolam over-sedation and failure to monitor oxygen saturation during sedation are both defined as 'never events' by the Department of Health. Reporting these incidents to the National Reporting and Learning System is mandatory. Each clinical team using sedation within an institution should audit the number of cases performed by each sedation practitioner, and their rate of complications.
- The Royal College of Anaesthetists, Guidelines for the Provision of Anaesthesia Services (GPAS) give guidelines for anaesthetic practice for children. These stated that all hospitals that provide surgery for children and young people should have clear operational policy regarding who can anaesthetise children for elective and emergency surgery. This will be based on ongoing clinical experience, the age of the child, the complexity of surgery and the presence of any co-morbidities. In the last year 31 October 2016 to November 2017 nine children under went surgical terminations. The surgeon did not have any specific training for the treatment of children. However, the surgeon had received training in operative techniques on patients of a variety of ages. The surgeon may adjust a surgical technique for example, or use cervical preparation at a lower gestational age, or according to an altered regimen, with a young person. Medications for conscious sedation may be adjusted with age as a consideration.
- The service had bought ear probes for pulse oximetry as staff experienced difficulties to get readings from finger probes when patients wore nail varnish.
- Prior to terminations, patients were tested by nursing staff that provided treatments to prevent rhesus disease, a blood disease which may cause a problem in future pregnancies. A test was completed to identify those patients who had rhesus negative blood type and a treatment was provided when this was identified. This was documented in patient's records and an Anti D register record book.
- On the days surgical procedures were booked, staff completed a treatment room briefing to discuss each case to include any risks or areas for enhanced observation. This followed the guidance recommended in the World Health Organisation (WHO) Five Steps to Safer Surgery checklist. We observed one team brief taking place. At the end of the safety briefing, the lead midwife stated she would return for a debrief at the end of the day. We looked at safety briefings and found that there was an inconsistent use of the debrief section of the documented framework, which meant we were not assured debriefs always took place. Debriefing provides an opportunity for staff to evaluate what went well and if there were specific issues that could be done differently to improve the service delivery.
- During surgical terminations of pregnancy, staff used a 'BPAS Surgical Safety Checklist (TOP) in line with WHO recommendations for safer surgery. During "sign-in" Staff introduced themselves and their role to the patients, confirmed the patients name and date of birth, which was also checked against the patients' wristband. Consent, Rhesus and allergy status was verbally re-confirmed. Staff confirmed if contraception was to be fitted during the procedure. The "sign out" stage was not read out loud during the procedures we observed. However, checks were made to ensure all swabs, sharps and instruments were accounted for and the form signed off by the treatment doctor/surgeon.
- Staff were observed completing the stages of the WHO surgical checklist for each patient. This information was recorded and paper records stored in the patient record. We observed three treatment room procedures and saw the WHO checklist completed.
- The registered manager was required to audit compliance with the BPAS Surgical Safety Checklist within their own units and report their findings centrally. The registered manager should audit by patient numbers, **1%** of treatment or a minimum of 2 per month. Audit results are recorded on the location dashboard. We discussed with the registered manager that this was a very minimal number to be assured that the process was consistently completed.
- Processes were understood by staff with regard to the recognition and management of sepsis. BPAS

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Perioperative Care Policy and Procedure was reviewed June 2017, this included the BPAS early warning score tool and the sepsis screening and action tool. This tool was a series of indicators which when calculated provided staff with a measure of risk and actions to take. We saw this tool in use and saw that sepsis alert indicators and a plan for action were included in the document being used.

- Systems were not available in the treatment room to summon help when needed. There was no alarm system in the treatment room to enable staff to summon urgent assistance from other staff. There were call bells available in other areas of the building. Staff had to access help by leaving the operating treatment room to alert staff in the recovery suite. We did not see any risk assessments to demonstrate this had been considered a risk.
- There were processes to ensure patients who became acutely unwell during surgical procedures, were transferred to a nearby NHS hospital. A service level agreement with the local trust clarified the process to transfer any patients at risk post procedure. There was a white board in the treatment room with clearly designated roles for each member of staff in the event of a medical emergency. There was a flow chart for staff to follow if patients suffered significant bleeding that required an urgent transfer to a NHS locality.
- There were no established links between the local acute trust and BPAS Brighton to inform the service when a patient was admitted to hospital post treatment from home, with a complication related to a termination at BPAS Brighton. This did not enable BPAS Brighton to review accurate wider complication data. However, every patient was given a BPAS discharge summary so that relevant information can be shared if additional treatment is sought from another healthcare provider.
- Practical training took place to prepare for emergency situations. Resuscitation and anaphylactic reaction scenarios were undertaken by staff annually. Scenarios were discussed and plans made should those events occur.

Staffing

- Care was provided by staff trained to care for patients undertaking a termination of pregnancy. Mandatory training was provided for all staff and included basic and intermediate life support, safeguarding, health and safety, infection control and information governance.

- Staff were selected through a recruitment process. References were obtained from previous employers and any breaks in employment were investigated with one exception which we reported back to the registered manager. All BPAS Brighton employees underwent a Disclosure and Barring (DBS) check. For nurses, their professional registration was confirmed with the appropriate regulatory body (Nursing and Midwifery Council). We reviewed the personnel files of four staff including one nursing staff and saw all relevant employment checks and references had been completed. We saw confirmation of registration with the Nursing and Midwifery Council.
- The service employed eight trained nurses. In the previous year 67 shifts were covered by agency staff. There was one trained nurse vacancy for 18-20 hours.
- Minimum staffing levels in the treatment room were not risk assessed locally to ensure safety. The provider's minimum clinical staffing levels policy identifies that for a local anaesthetic treatment should be staffed by a doctor/surgeon and a nurse/midwife or HCA. The surgical termination procedure completed under local anaesthetic was considered by BPAS as a low risk procedure and so a healthcare assistant was in the treatment room to assist the surgeon. Should there be an urgent or emergency situation occur with a patient they would not have the skills to respond and the trained nurse from the adjacent recovery room would be called to help. No local risk assessment had been completed to ascertain how those risks would be measured or managed. We raised this concern with the registered manager at the time of inspection who confirmed they also had raised this concern. As a result some surgical lists had an extra health care assistant in the treatment room. However, this did not meet the possible risks.
- There was one medical staff employed at BPAS Brighton. The Doctors on the electronic system sign the legal forms HSA1, HSA4) required for termination treatments. The BPAS Medical Director and Regional Clinical Leads are available to provide clinical advice
- The surgeon was employed full time by BPAS and had completed their appraisal. There were no contingency plans should this member of medical staff not be available at short notice. The registered manager confirmed that should this scenario happen the list for that day would be cancelled and the patients be rebooked.

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- The provider had a practising privileges policy. The aim of this policy was to detail the arrangements for granting practising privileges to registered medical practitioners operating as self-employed, independent medical practitioners for BPAS. No medical staff were employed at BPAS Brighton under this arrangement. The medical practitioners used worked remotely may have been employed under this policy, and their recruitment files and checks were undertaken by head office.
- The surgeon at BPAS Brighton was trained to provide surgical termination up to 16 weeks gestation.
- BPAS Brighton complied with the Required Standard Operating Procedure 16 which required patients are informed of choices and potential complications. We saw five consultations and on each occasion staff had detailed discussions with the patient about risks and the percentages currently identified. Staff recorded the discussion in the patient's record. The detail was also available for the patient in the BPAS guide book given to each patient.
- BPAS Brighton and BPAS Bognor Regis prescribed and administered two different types of medication (Mifepristone and Misoprostol) medicines used to induce medical abortion. For medical terminations up to nine weeks this could be taken simultaneously if the patients wanted to. From nine weeks to the fourteen weeks, these were provided at intervals and patients had to return to the clinic the following day. Patients left the clinic to pass pregnancy remains in a place of their choice. Patients were advised to contact the clinic if they had any concerns or the provided pregnancy test remained positive.

Major Incident awareness and training

- BPAS Brighton had a fire risk assessment and system for alarm checks. Staff told us the alarms and systems were checked weekly. Systems were prepared for any interruption to normal service, such as disruption to water or gas supply. An emergency generator was ready in case of power failure and was tested weekly.

Are termination of pregnancy services effective?

Evidence-based treatment

- Treatment was managed in accordance with national and professional guidance. Policies and guidelines were accessible in each location including satellites and complied with the Abortion Act (1967) and Abortion Regulations (1991). Staff confirmed policies were easily accessible. This complied with the Required Standard Operating Procedure 10.
- The methods of termination of pregnancy and gestational limits were clear and carried out in accordance with Royal College of Obstetricians and Gynaecologists RCOG (2011) guidance and Required Standard Operating Procedure 9. Medical terminations were available to 10 weeks gestation and surgical terminations up to 14 weeks gestation.
- The RCOG guidance for 'The Care of Women Requesting Induced Abortion' recommends assessment and provision of contraception, screening for sexually transmitted infections and access to support and advice after procedures. BPAS was compliant with Required Standard Operating Procedure 13. These states providers should be able to supply all reversible methods of contraception and offer testing for sexually transmitted infections (STIs).

- If the patient chose a surgical termination the choice of under local anaesthetic or conscious sedation was available to any gestation up to 14 weeks. An assessment and evaluation of each patient's general health, gestation and preference determined if a surgical termination was suitable. Should a general anaesthetic be requested or preferable the patient would need to be referred to another location which had the equipment and staff skills.

Nutrition and hydration

- Snacks and drinks were available for patients. Staff encouraged patients to eat and drink before and after surgical termination of pregnancy procedures. There were baskets with snacks such as crisps and biscuits in the waiting room and in the recovery suite. Staff offered hot or cold drinks to all patients following surgical procedures and offered anti sickness medicines if required.
- Patients undergoing surgical terminations were assessed for a need for intravenous fluids. Intravenous fluids were available and were sometimes given to support patients post procedure with dehydration and sickness.

Pain relief

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- Pain scores were used to assess physical pain. Staff spoke with patients about how to manage pain following both medical and surgical terminations. We observed staff discuss with patients who attended for medical terminations, what to expect regarding the severity of pain and how to manage this. Staff referred to the My BPAS guidance during these conversations to signpost patients to the relevant section in the booklet should they need further information. Staff offered pain relief to all patients who underwent surgical termination following the procedures.
- Pain relief was prescribed for each treatment and as part of the medicines to take home.

Patient outcomes

- BPAS effectively monitored performance monthly using a clinical dashboard to provide an overview of the service provided. The success and complication rate of medical and surgical procedures was gathered quarterly. Audit of outcomes including waiting times for treatment and pathways of care, information provision, pre-abortion assessment, abortion procedures and care after the abortion were completed.
- BPAS had a planned programme of audit and monitoring which was effective in enabling an overall review of outcomes. Audit outcomes and service reviews were reported to governance committees such as Infection Control (IC) and Regional Quality, Assessment and Improvement Forums (RQuAIF). Registered Managers completed action plans for areas of non-compliance which were reviewed by BPAS Clinical Department and RQuAIF.
- Audits were conducted by designated staff to assess the quality of care, compliance with procedures and to monitor standards. We saw the clinical audit results for October 2017 and this included infection control, point of care testing, medical assessment, and consent and contraception discussions. The scores were mostly 100%, with some shortfalls noted, which reduced the overall scores to 97%. The shortfalls were monitored by the Registered Manager and feedback provided to staff to promote, develop skills, or address areas of poor practice.
- Major and minor complication rates for both surgical and medical abortion for 01 May to 30 Aug 2017 were within expected levels and were discussed at the Clinical Governance Committee Meeting. It was identified that overall rates were low and consistent

with or below those published in large case series and national statistics. There were no major complications in miscarriage management, and medically or surgically managed miscarriages undertaken in the same timescale.

Competent staff

- BPAS had effective competency frameworks in order to support the training and development of staff. This was to ensure agreed standards were monitored, and maintained. Training records seen showed staff training was undertaken in most areas for most staff.
- At BPAS, medical staff were appropriately trained may provide conscious sedation, supported by a nurse assigned to patient monitoring and an assistant to the procedure. The programme has incorporated recommendations in the Academy of Medical Royal Colleges Safe Sedation Practice for Healthcare Procedures Standards and Guidance
- Staff undertook a 12 week training plan which included: contraception, fundamentals for practitioners safeguarding, consent and ultrasound scanning. We spoke with two new members of staff who were both working as supernumerary until they could attend the 12 week competency course which registered staff working for BPAS had to attend and pass. We saw the induction folder which provided information about the service, the location and premises and contained a number of BPAS policies. There was also a section for new members of staff to keep a reflective log of shifts they had worked highlighting particular learning or issues they needed to learn more about.
- The RSOP 14 defines a pregnancy counsellor as someone trained to Diploma level. BPAS provides its own training, appraisal and supervision within their own clinical governance framework, referring clients to either counsellors within BPAS who have external qualifications (such as a Diploma) or to those in other agencies when the request, or need, arises. Staff confirmed this training was not to diploma level. Clinical and administrative staff received internal BPAS training in order to provide impartial, non-judgemental support and advice to patients. This training took between one and four days to complete. Nursing staff attended one day of this course. Staff who attended for the four days also completed a range of competency based assessments and were then referred to as 'Patient Care

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Coordinators'. The training was provided once and no follow up or refresher training was provided. Client Care Co-ordinators attended a forum to discuss any issues, but confirmed that no update training was provided.

- We spoke with a member of staff who worked for an agency. They worked at the location regularly once or twice every week and were familiar with staff, the premises, policies and working procedures. They had received induction training when they first started to work agency shifts at the location.
- For registered nurses training included managing anaphylaxis (an extreme sensitivity and/or reaction to a substance or medicine). We observed patients were asked about any known allergies. The allergy information was documented in the patients care record.
- Staff did not have any training to support their role in an emergency with young people. While nurses may not be paediatric trained, the staff caring for young women less than 18 years should have the knowledge and experience to provide care for persons of this age group undergoing a termination of pregnancy. The staff should also be able to recognise the signs, and act appropriately, if the condition of a young women aged between 13 and 18 started to deteriorate. Staff confirmed no training was provided in this age range to ensure specific action would be taken.
- The Surgical Standards for Children 2013 stated that 'Training in children's surgery is organised according to the requirements of the relevant specialty curriculum. All surgeons and anaesthetists operating on, and anaesthetising children regularly undertake paediatric life support training'. No records were seen of training provided for this age range to ensure specific action would be taken.
- Staff had received additional training and assessment to competently scan patients. The nurses at BPAS Brighton had received additional training in the assessment and review of this procedure in order to competently scan patients. Every two years nursing staff resubmitted a selection of completed scans and readings for review by the lead sonographer for BPAS. These were checked and reported back to each nurse regarding their accuracy. If required, additional training was provided.
- BPAS staff received training to advise patients on aspects of treatment. Staff completed a generic workshop in welcoming diversity to ensure they

recognised different cultural needs and beliefs. This training was designed to provide them with the skills to support patients in making reproductive choices, whilst acknowledging and respecting their individual needs.

- Healthcare assistants did not receive specific training to deliver outcomes from the point of care HIV testing. This meant that should healthcare assistants provided the test, they did not have training to deliver an adverse outcome. While the procedure to obtain the sample did not differ from other point of care procedures it had not been considered whether staff were trained and competent to support post-test discussion for individuals who tested HIV positive. The UK National Guidelines for HIV testing 2008 noted "if a positive result is being given by a non- HIV specialist, it is essential, prior to giving the result, to have clarified knowledge of local specialist services and have established a clear pathway for onward referral".
- Staff were supported to undertake continued professional development activities, in order to update their skills and knowledge, for example, all clinical staff were expected to attend the BPAS Clinical Forum, where expert speakers presented on topics relevant to their work.
- We saw data confirming 100% of medical, nursing and administrative staff had received an appraisal in the previous year. The medical staff employed by BPAS had an annual appraisal and revalidation which was evaluated on an annual basis by the organisation's medical director.

Multidisciplinary working

- Staff worked with other health professionals when needed to provide a multidisciplinary approach to patient care. For example, with GPs and local authority safeguarding teams.
- Patients had access to a 24-hour dedicated post-procedure support line. The service could assess the patients concerns and signpost them to the appropriate health setting.

Access to information

- Systems enabled information to be shared appropriately and promptly. The Department of Health RSOPs state it is good practice for two certifying doctors to see a patient who has requested a termination of pregnancy, although it is not a legal requirement. Two remote doctors reviewed the patient's history,

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ultrasound scan and grounds on which the patient was seeking an abortion. The information was provided to the two doctors electronically before they made their decision. They then signed a copy of the HSA1 form from each of the doctors which was printed and filed in the patient's medical record. All the medical records we reviewed contained two printed and signed copies of the HSA1 form.

- Systems enabled some information to be shared quickly by all of the BPAS services and head office. However, because a new record was produced for each patient's attendance at a clinic, these were not able to be linked and so each clinic could not see if a patient had attended another clinic. This meant the records did not promote a review of risks related to multiple visits.
- Patient confidentiality was not well managed in all areas of the service. We observed that in a room adjacent to an unstaffed waiting room, a full patient list and records were left accessible. We saw the door was unlocked and the area unsupervised so we informed the registered manager immediately. We checked two hours later and the door remained unlocked and the information still accessible. This breach of confidentiality was not reported to CQC as an incident for further action.
- Patient discussion was not consistently managed in a confidential manner. We observed in recovery, nurses speaking loudly to patients on the other side of the room, within easy hearing of the other patients in the room.
- Staff worked with other services to deliver effective care. Discharge information was provided to allow another practitioner to manage any complications. It was agreed with each patient if a letter could be sent to their GP. The letter included the treatment procedure undertaken and any contraception provided. The patient was able to decline. In each case the patient was given a letter which included the same information should it be needed in the future
- An agreement had been made with the local trust that for patients receiving termination of pregnancy for fetal anomaly (TOPFA) the same paperwork would be used by BPAS Brighton and the local trust. This would reduce the amount of duplication of questions for the patient.

Equality and human rights

- We reviewed the BPAS Workforce Race Equality Standards (WRES) Action Plan 2017-18 and saw actions included improving data capture, improving reporting

capability and analysing staff survey results against ethnicity. Each outcome had guidelines for submissions and timescales for collection. Each outcome had a small note of how the data was managed.

Consent, Mental Capacity Act and Deprivation of Liberty

- The BPAS consent policy was followed by staff to ensure informed patient consent was given through each part of the treatment pathway. Patient consent was only completed by either a registered nurse or doctor prior to treatment and verbal consent was confirmed again with each patient prior to the start of surgical treatments. This complied with the Required Standard Operating Procedure 8.
- Staff followed the correct processes to gain consent from both adults and young women under the age of 18 years. Consent for termination was obtained by a trained nurse during the consultation for early medical terminations. Nursing staff received training in how to obtain consent and the discussion included risks and allowed for patients to ask questions. Consent for surgical terminations was also obtained at the time of the consultation giving the patient sufficient time to make an informed decision. We did not see consistent evidence that the designated section was signed on the day of surgery to confirm the patient consent. However, we observed staff clearly stating the procedure the patient had consented to and ask if the patient still wanted to go ahead with the planned surgical termination of pregnancy.
- The risks and benefits of treatments were explained to ensure the patient understood what they were consenting to. We observed six patients during consultations and saw each were asked if they understood information and signed the consent forms to confirm this. Consent was seen to be fully documented in the 25 records we reviewed.
- Patients were encouraged to take time to consider and reflect on their decisions and were offered counselling sessions. We saw records and observed when patients went away to think about their options. Staff informed patients of time lines for treatments and options for treatment. This complied with the Required Standard Operating Procedure 14.

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- National guidance was available for staff to reference in cases where a patient was identified as lacking capacity to make decisions about treatment and care. Staff told us this had never been needed.
- The correct legal processes were followed regarding the consent of young patients (below 16 years old). This included Gillick competency (assessment of under 16's to give informed consent) and Fraser Guidelines used specifically to decide if a young person can consent to contraceptive or sexual health advice and treatment. We looked at 25 records for patients under 16 years and all had a Gillick assessment.

Are termination of pregnancy services caring?

Compassionate care

- We saw patients consistently received compassionate care and treatment. Patient views were requested and recorded to ensure the service met their needs. Between September 2017 and December 2017 there were 381 respondents. Patients said they felt listened to, received clear information and felt included in discussions. Patient surveys noted they felt they were treated with privacy and dignity.
- Patient's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Patient comment cards told us "Staff are well informed, professional and kind, information provided at all stages was excellent". We observed consultations taking place and saw staff were non-judgmental in their approach and attitude.
- The Friends and Family Test was used to gather patient opinion. This showed that for BPAS as a whole 2016/17 (2015; 99.5%) of patients agreed they would recommend BPAS.
- Patients who used the service were given appropriate information and support regarding their care or treatment. One comment card told us "(the staff member) made me feel very comfortable and at ease talking about everything. Lovely lady!" Another comment card said "The people who work here made me feel normal and like I deserved to be treated with care and respect" and "The care, information and treatment was calm and smooth, I was comforted the whole way".

- Patient's diversity, values and human rights were respected. We observed a patient who did not speak English was supported with information through a translation service. The BPAS staff member was kind and considerate to the patient's requests and ensured that information was clear and provided in the appropriate language.

Understanding and involvement of patients and those close to them

- BPAS' ethos to treat all patients with dignity and respect and to provide a caring, confidential and non-judgemental service was evident. We observed staff working within this ethos and staff were emotionally motivated to provide a service to meet each individual's needs. Staff told us the best part of the job was helping the patients through this time in their lives by providing information, support and the service needed.
- We saw staff working together to meet the needs of patients. The weekend before our inspection staff shortages meant that a Saturday list of patients could not be seen. Staff agreed to work on the Sunday (a day BPAS Brighton is not normally open) to meet the patient's needs.
- Written and verbal information was provided to support informed patient choices regarding options, treatment and care. Staff provided additional support to patients who need or chose it by reading the information to the patient. A patient care co-ordinator was available to speak to any patient who was unsure about their decision, or needed additional support during pre-assessment to make a fully informed choice.
- Staff were required to make women aware that the contents of the HSA4 form (part of the legal process for terminations) was used to inform the Chief Medical Officer of termination of pregnancy and was used for statistical purposes by the Department of Health. We did not see this explained as part of consultations but the patient survey noted for the time period September 2017 to December 2017 between 9% and 11% of the 381 patients who responded said they disagreed that they were told how their information was used.

Emotional support

- We observed staff support patients who expressed emotional distress during consultations and following treatment. Staff were supportive and gave patients time and opportunity to discuss how they felt. Staff explained

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they could contact the BPAS service for counselling if they felt this was needed. We observed consultations where patients were anxious to receive treatment on the same day. Staff recognised the emotional strain for patients and supported them to achieve this, even if this meant they worked late.

- During surgical termination of pregnancy procedures, there was a member of staff who provided reassurance to patients throughout the procedure. This was by informing patients of what was happening, holding their hand and talking to patients during the procedure.
- Specific counselling by specialist organisations could be made available for patients who had undergone a termination due to fetal anomaly. Women seeking termination of pregnancy for fetal abnormality (TOPFA) were likely to present with a substantially different set of emotional needs and expectations than those choosing to end a pregnancy for non-medical reasons. In addition, many would be directly referred from antenatal care where some aspects of the usual BPAS care pathway will have been completed and therefore did not need to be repeated.
- The booklet 'My BPAS Guide' was given to every BPAS patient and provided written information about post treatment care. Callers to the aftercare line spoke with Registered Nurses or Midwives. Patients could also contact BPAS via a dedicated telephone number in order to make an appointment for post-abortion counselling. Post abortion counselling was a free service to all BPAS patients. This could be accessed any time after their procedure, whether this was the same day or many years later.

Are termination of pregnancy services responsive?

Meeting the needs of local people and individuals

- The registered manager was involved with the long term planning of the service and the consideration and development of the satellite services. The satellite services provided early medical termination services and consultations to the wider rural area.
- Arrangements for access and treatment were tailored to age and social circumstances. Every effort was seen to

be made to support patients to receive treatment in a local/convenient place. Priority was given to later gestational age to ensure treatment was within timescale.

- A pilot had been undertaken to use telephone consultations to shorten the waiting times for treatment. Data showed that telephone consultations had been used to shorten waiting times at BPAS Brighton and showed a reduction in waiting days between August 2017 from 14 days to nine days.
- A criteria list reduced the risks of treatment to patients who may be less suitable for treatment at this service. The provider had developed pocket sized reference cards which staff could use to risk assess patients with pre-existing conditions to ensure treatment would be safe. Staff could also seek advice from head office and on call medical staff should they have specific health questions during an assessment.
- Access arrangements supported patients with mobility issues. The building had disabled parking and ramp access into the building. A wheelchair lift was available to each floor.
- Individual needs were assessed and care and treatment was planned for each patient. Arrangements supported patients with learning disability, or complex needs. For patients with dyslexia, special considerations were made to ensure details were clear. We saw the appropriate use of a translation service to meet a patient's needs and every effort made to ensure that the patient's needs were considered during sharing information. We observed staff accessing literature in other languages to support patients who did not speak English.
- Post treatment care was discussed with each patient and written information provided. The 'My BPAS Guide' had a section dedicated to abnormal symptoms following treatment, and included information on what patients' should do if they experienced these. Details of the BPAS Aftercare Line were also included. This service was accessible for 24 hours, seven days a week.
- There were pathways available for those seeking abortion for fetal abnormality. The Royal College of Obstetricians and Gynaecologists recommends that women are given a choice between medical and surgical methods of abortion whenever possible. National data on abortions show that 75% of abortions for fetal indications were performed medically as compared to 48% for other indications.

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- The disposal of pregnancy remains was in line with the Human Tissue Authority guidelines. The 'My BPAS Guide', which was provided to every patient, described how the pregnancy remains would be disposed of and invited the patient to inform staff if they have specific wishes. BPAS facilitated, whenever legally possible, any request made by a patient concerning management of the pregnancy remains. Where a patient wished to dispose of the pregnancy remains privately, they were provided with a specific information sheet which set out how the remains should be managed.
 - Where women did not have specific wishes with regard to disposal, pregnancy remains was collected by an authorised carrier and stored separately from other clinical waste before being sent for incineration. A full audit trail was maintained at the unit.
 - The treatment unit had up to date information about local funeral services to assist patients who wished to arrange a cremation or burial. The discussion and plan for disposal were documented in the case notes for each patient.
 - BPAS had to comply with a number of Required Standard Operating Procedures (RSOPs) based on legal requirements and best practice. RSOP 14 states that 'all women requesting an abortion should be offered the opportunity to discuss their options and choices with, and receive therapeutic support from, a trained pregnancy counsellor and this offer should be repeated at every stage of the care pathway'. The care counsellors had not received any training for patients less than 18 years. They did not receive any training to provide care for persons of this age group undergoing a termination of pregnancy.
 - Staff did not receive any mental health training to support adults or children. The client care coordinators did not receive training to identify and support patients who may have extra mental health support needs.
- patients were able to access the most suitable appointment for their needs as early as possible. The recent increased demand and lack of capacity to meet that demand had caused this delay.
- Appointments were not consistently given within five working days of referral or self-referral. From January 2016 to October 2018 -, 768 patients waited longer than 10 days from decision to proceed up to termination of pregnancy.
 - Patients were able to choose to delay appointments or could book a procedure with further counselling if requested. Some patients chose to be treated at a different unit or needed extra time in which to make a decision about whether to proceed to abortion.
 - BPAS' system recorded what appointments were available within a 30 mile radius of the patient's address. This meant they were able to analyse waiting times and facilitate patient choice. Due to increased demand, the delays past the 10days for treatment were being monitored. However, there was no monitoring of any patients who because of the wait, exceeded the nine weeks for a simultaneous early medical abortion and the wait had reduced their option to do this.
 - BPAS' capacity manager had an overview of appointment availability to ensure more timely access to the service. The capacity manager worked with the unit managers amending templates and adding appointments when necessary. This ensured women beyond 12 weeks or for issues such as health reasons received prompt treatment.
 - Discharge arrangements were planned to meet patient's individual needs. Patients aged 16 or younger were encouraged to involve a relative. This was explained as important, as it was necessary that a responsible and competent adult was available to provide care and support post treatment.

Access and flow

- The target guideline for five days to consultation and five further days to treatment was not always being met. This meant that patients may not get the treatment within an appropriate timescale and have to wait longer. BPAS' booking system offered patients a choice of dates, times and locations to mitigate this risk. This ensured

Learning from concerns and complaints

- Processes gathered patient feedback and complaints, which were reviewed for learning. Staff and patients were aware of the complaints system. The poster 'Making a complaint or giving us feedback' was clearly displayed and 'BPAS Complaints and Feedback Policy' leaflets were available to take away. Further information was available from the BPAS website, the 'Your Opinion Counts' feedback forms and the 'My BPAS Guide,' each had complaints information for reference.

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- If a patient raised concerns whilst at a unit, they could have a discussion with a member of staff, or the manager. If the issue was raised at a later time, this could be discussed with the manager of the treatment unit, or the BPAS Patient Engagement Manager.
- Staff we spoke with demonstrated an understanding of the complaints policy and procedure. This met the Required Standard Operating Procedure 17. BPAS Brighton Treatment Unit Manager was the first point of call to resolve issues at unit level and a local complaints log was held at the unit.
- There had been seven complaints received by the service from October 2016 to November 2017, which raised issues about information provided, staff attitude, communication and treatment provided. Each received an acknowledgment within three days and was investigated and learning provided for staff.
- The provider took account of complaints across the region to improve the service at this location. In the last year 2016 to 2017, the South East region as a whole had seen 40 complaints with a complaint rate of 0.18%. This was higher compared to the last reporting period of 0.11%. Learning opportunities were identified in 25 cases. It was noted that 'staff attitudes' had increased as a complaint topic and the need to keep patients informed of any delay in treatment appointments.
- The BPAS Patient Engagement Manager was responsible for the oversight of the management of complaints. Any case with the potential for escalation would be brought to the attention of the Regional Director of Operations and an appropriate member of the Executive Leadership Team for further review.

Are termination of pregnancy services well-led?

Leadership/culture of service related to this core service

- The registered manager had been in the role since 2013. Staff told us the manager was available and approachable, and they felt able to raise any issues or concerns. Regional managers' meetings were provided to enable any necessary legal, clinical and policy updates and provide peer support.
- The caring culture of the service was evident in staff attitude and their interaction with patients. Staff were consistent in their view that the best thing about their

job was the care they provided for patients. All the staff we spoke with said they were proud to work for BPAS. Staff were focused about the work they did and wanted the service to meet the needs of the patients.

- Staff said they considered one of their attributes was being a good team which worked well together. All the staff we spoke with were positive about working for BPAS and supported each other daily.
- The service held a licence from the Department of Health to undertake termination of pregnancy procedures at BPAS Brighton, Eastbourne and Bognor Regis. The licence was publically displayed on the notice board within the foyer of the service with the appropriate insurance and policy agreements.
- The manager and leaders of the service had access to development opportunities. Registered Managers received training in key policy areas of their role, which included any current legal or regulatory requirements. These included, modular management training courses and conference calls to discuss new or amended guidelines and policies. There was also a biennial unit managers conferences and a leadership development programme to support registered managers.
- Staff including the registered manager were not familiar with the Department of Health Required Standard Operating Procedures (RSOP) for termination of pregnancy (2013). The RSOP are fundamental procedures for the approval of independent sector places for the termination of pregnancy. The RSOP were incorporated into daily practice but their importance was not recognised by staff.

Vision and strategy for services

- BPAS Brighton had corporate objectives and aims. Some staff demonstrated an understanding of these and were supported to promote the provider values through training and ongoing support. The staff survey was being reworded to include the provider values leading with integrity, compassion and respect. Some staff were not clear about the core values and had not been involved or included in what they should be. However we observed the attitude of the staff and service provided was reflective of the values.

Governance, risk, management and quality measures for this core service

- The provider did not have effective systems in all areas to identify, assess and manage risks for the health,

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safety and welfare of people using the service. The issues highlighted in the report including some aspects of medicine management, risk management, the lack of call bells in theatre, staffing levels and security of records identify that systems of governance were not fully embedded to enable a sufficient review of all areas.

- Legislation requires that for an abortion to be legal, two doctors must each independently reach an opinion in good faith as to whether one or more of the legal grounds for a termination is met. We looked at 25 patient records and found that all HSA1 forms included two signatures and the reason for termination.
- Before any procedure commenced there must be two registered medical practitioners' signatures on the HSA1 form. The HSA1 form provides a defence for the doctor terminating the pregnancy that the abortion is being performed legally. The two doctors are of the opinion, in good faith, that the woman meets one of the grounds stipulated in the Abortion Act 1967. These grounds are translated into categories on the HSA1 form. The relevant clause(s) must be completed on the HSA1 form.
- BPAS was committed to ensuring compliance with the 1967 Abortion Act (1990, as amended). BPAS Procedure for nurse admissions stated before any aspect of treatment was initiated, the HSA1 would be checked to confirm there were signatures from two Registered Medical Practitioners. BPAS units completed monthly HSA1 audits to ensure compliance. BPAS Brighton's audit carried out in October 2017 recorded 100 % compliance with accurate completion. However, as previously noted there had been an incident when the termination procedure had started without the HSA1 forms being completed.
- An Abortion Notification (HSA4 Form) was forwarded to the Department of Health daily on the day the service was open. This was sent by the doctor who completes the EMA prescriptions, or who completes the surgical abortion. This submission was by secure BPAS system which linked directly to the Department of Health. The BPAS Brighton manager told us they checked the HSA4 Forms had been completed and sent every day the service was open. The submissions were also monitored by staff based at BPAS head office.
- The provider had an effective system to regularly assess and monitor the quality of service which patients received. Governance included clinical and corporate items. Clinical governance issues were reviewed by the regional quality assessment and improvement forum (RQuAIF). This committee reviewed regional governance information, identified areas of risk or needs and any necessary actions. In addition, RQuAIF reviewed decisions and actions from the clinical governance committee and the clinical advisory group. Meeting minutes from RQuAIF were shared at regional managers meetings who in turn cascaded the information to local teams.
- Governance took place at national and regional levels, and comprised of: Board of Trustee, Clinical Governance Committee, Research and Ethics Committee Infection Control Committee, Information Governance Committee and Regional Quality, Assessment and Improvement Forums. The BPAS regional quality, assessment and improvement forums and national clinical governance committee, monitored and reviewed incidents and treatment complication rates. Patient safety incidents were monitored and reviewed for trends or reoccurring themes via these committees. Outcomes were shared with local services where required.
- Processes supported staff to identify, monitor and reduce patient and service risks. There was a risk register available for staff to review and update for BPAS Brighton that included the satellite services. There were 17 risks recorded with a record of when raised, who was responsible for managing the risk and actions planned to reduce the risk.
- A monthly quality reporting dash board provided an overview of the service. This measured quality and safety information for staff. There were 11 standards which included: medicines management, safe staffing levels, rates of clinical supervision, infection prevention, record keeping, safeguarding, treatment audits, complaints, laboratory errors and staff sickness and absence. Each standard was red, amber or green (RAG) rated against set criteria. We reviewed the dashboard for BPAS information provided for October 2016 to October 2017 which showed red ratings on some months for records management and record keeping audit, treatment audit, complaint and sickness.
- A summary of complaints, feedback and patient satisfaction survey results (both national and by unit) was reviewed by each Regional Quality Assurance and Improvement Forum and the Clinical Governance Committee. Commissioners contracting with BPAS had patient complaints and feedback summarised in their Quarterly Monitoring Report.

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- Major and minor complication rates for both surgical and medical abortion were discussed as part of clinical governance. For example, complication rates for May 2017 to Aug 2017 were discussed at the Clinical Governance Committee Meeting held on Monday 13th November 2017 and was noted to be within expected levels. These levels were taken from the RCOG guidelines which provided indicators of risk to be monitored.
- Quarterly Activity Reports provided BPAS and commissioners with detailed breakdowns of the average number of days from contact to consultation, from 'decision to proceed' to treatment and from first point of contact to treatment.
- BPAS Brighton maintained an electronic register of patients undergoing a termination of pregnancy. This was a requirement of regulation 20 of the Care Quality Commission (Registration) Regulations 2009. However, the system in place did not highlight previous visits and so did not identify potential risks.
- A report of all complaints and a summary of service user feedback (including return rates and scores) were reviewed by the Regional Quality Assurance and Improvement Forum (RQuAIF) and Clinical Governance Committee. Survey results were shared with unit managers and discussed at regional managers meetings, with staff and commissioners.
- The BPAS staff survey results were available for the whole service. Of the overall results 9.6% were from BPAS Brighton and the satellite services. Results showed staff understood their role and promoted high quality care. However, lower scores included the availability to do their job well and senior managements' understanding of the service.
- Staff confirmed they were not involved in consultation about changes in the service or practices. They explained they had the staff survey but otherwise had no involvement in service delivery. They did confirm they were able to raise suggestions for improvement or concerns about service delivery.

Public and staff engagement

- Patients who used the service, their representatives and staff were asked for their views about their care and treatment and when needed, comments were acted on. All BPAS patients were given a patient survey/comment form entitled 'Your Opinion Counts'. Each survey was initially reviewed by the registered manager, prior to being sent to the BPAS Head Office for collation and reporting. This ensured any adverse comments could be acted on immediately.

Innovation, improvement and sustainability

- The registered manager had reviewed the service provision and was looking at ways to utilise the satellite services more effectively meet the needs of the rural population. This work was on-going.
- Telephone consultations had been piloted at BPAS Brighton in an attempt to meet the increased demand for the service. Results showed the waiting time had reduced as a result.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The management of controlled medicines was not consistently safe. The provider must ensure medicines are managed safely and not left unobserved and at risk of removal.
- The provider must ensure the BPAS Brighton notify CQC when serious incidents occurred.
- The provider must ensure records for the satellite clinics are secured at all times.
- The provider must address the issue of no alarm systems in the treatment room to summon help when needed.
- The provider must ensure minimum local staffing levels in the treatment room are risk assessed to ensure safety.
- The provider must ensure patient confidentiality is maintained in all areas of the service and patient list and records not be left accessible.
- The provider must ensure records promote the enabling of a review of risks related to multiple visits.
- The provider must ensure staff have the skills needed to meet the patient's needs.
- The provider must ensure training is provided for staff to support their role in an emergency with children and young people
- The provider must ensure staff are competent to support patients of less than 18 years of age, as well as those with mental health needs.

Action the provider **SHOULD** take to improve

- The provider should consider further actions when incidents occur to ensure adequate reporting and learning takes place..

- The provider should consider each patient's size when prescribing some medicines, this may place patients at risk of having too much of the medicine.
- The provider should ensure that all relevant patient group directions (PGDs) for cervical preparation prior to surgical abortion/termination include direction for staff to check that HSA1 forms have been completed. The provider should also include in the relevant PGD appendix surgeons preferences to ensure clear information for all staff to follow.
- The provider should consider a sufficient number of notes be reviewed each month to ensure that management have a good view of the location.
- The provider should ensure glucose, general drugs and intravenous fluids checks are consistently monitored in the treatment room daily monitoring log.
- The provider should undertake consistent processes to ensure emergency equipment is checked daily in the treatment room.
- The provider should keep under review target times from access to procedure which has exceeded 10 working days
- The provider should consider training nurses to be more discreet or a considering the different place to have conversations.
- The provider should consider the implication of BPAS training not reaching Diploma level.
- Staff including the registered manager should be familiar with the Department of Health Required Standard Operating Procedures (RSOP) for termination of pregnancy (2013).

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Termination of pregnancies

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12 (2)(d)

The provider must ensure that medicines are managed safely and not left unobserved and at risk of removal.

Regulation 12 (2)(b)

The provider must address the issue of no systems in the treatment room to summon help when needed.

Regulated activity

Termination of pregnancies

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

Regulation 18 (2)

The provider must ensure the BPAS Brighton notify CQC when serious incidents occurred; this is not in line with Regulation 18 of the Health and Social Care Act.

Regulated activity

Termination of pregnancies

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 (1). Regulation 18 (2)(a)

The provider must ensure that minimum staffing levels in the treatment room risk assessed to ensure safety.

Staff did not have any training to support their role in an emergency with young people. The staff should also be

This section is primarily information for the provider

Requirement notices

able to recognise the signs, and act appropriately, if the condition of a girl aged between 13 and 18 starts to deteriorate. Staff confirmed no training was provided in this age range to ensure specific action would be taken.

The provider must ensure staff have the skills needed to meet the patient's needs. The patient care coordinators did not have any training for young women less than 18 years and while they may have experience they did not receive any training to provide care for persons of this age group undergoing a termination of pregnancy.

Staff did not receive any mental health training to support adults and young women

Regulated activity

Regulation

Termination of pregnancies

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 (2)(b)(c)(d)

Records security was not always maintained. The provider must ensure that records for the satellite clinics are secured at all times.

The provider must ensure that patient confidentiality is well managed in all areas of the service and patient list and records not be left accessible.

A new record was produced for each patient's attendance at a clinic, these were not able to be linked and so each clinic could not see if a patient had attended another clinic. The provider must ensure records promote review of risks related to multiple visits.